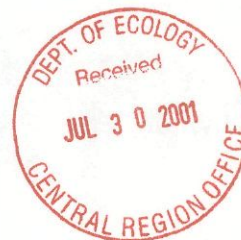




STATE OF WASHINGTON
**APPLICATION FOR CHANGE/TRANSFER
OF WATER RIGHT**

For filing with Ecology or with County Conservancy Boards



A MINIMUM FEE OF \$10.00 PAYABLE TO ECOLOGY MUST ACCOMPANY THIS APPLICATION

(Check all that apply.)

- ☐ Change purpose(s) of use
☐ Add purpose(s) of use
☐ Change point(s) of diversion/withdrawal
☒ Add point(s) of diversion/withdrawal
☐ Change/transfer place of use
☐ Other (i.e. consolidation, intertie, trust water)

Explain: _____

FOR OFFICE USE ONLY	
CHANGE No. <u>C34-SWC9005</u>	WRIA <u>37</u>
DATE ACCEPTED <u>07 / 31 / 01</u>	BY <u>[Signature]</u>
FEE \$ <u>10.25</u>	REC'D <u>7 / 30 / 01</u>
CHECK No. <u>7352</u>	
SEPA: <input type="checkbox"/> Exempt <input type="checkbox"/> Not exempt	<u>For</u>

****IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)****

1. Applicant Information:

APPLICANT/BUSINESS NAME City of Richland	PHONE NO. (509) 942-7460	FAX NO. (509) 942-5666
ADDRESS 505 Swift Blvd.		
CITY Richland	STATE WA	ZIP CODE 99352
CONTACT NAME (IF DIFFERENT FROM ABOVE) Nancy Aldrich	PHONE NO. (509) 942-7508	FAX NO. (509) 942-7468
ADDRESS P.O. Box 190		
CITY Richland	STATE WA	ZIP CODE 99352

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER Certificate 9005	RECORDED NAME(S) City of Richland
DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME:	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.

See Attachment A

FOR OFFICE USE ONLY			
APP. NO. <u>17121</u>	PERMIT NO. <u>12666</u>	CERT. NO. <u>9005</u>	CERT. OF CHANGE NO. <u>3-24-1944</u>

34-17121ALCWRIS

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Columbia River (City's intake structure)	GL2			36	10N	28E		
	GL7			25	10N	28E		

40 Benton
40 Benton

B. Proposed (as an additional point of diversion)

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Yakima River		NW	SE	23	9N	28E		

37 Benton

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: ☒ YES ☐ NO PROPOSED: ☐ YES ☒ NO – IF NO, PROVIDE OWNER(S) NAME:

Badger Mountain Irrigation District

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

4. Purpose of Use:

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Municipal Supply (including irrigation of residential areas)	54.25 cfs	32,430	Continuous

B. Proposed (applies only to the portion of water proposed to be diverted at the additional point of diversion)

PURPOSE OF USE	GPM or CFS	ACRE-FT	PERIOD OF USE
Same as above	23 cfs	6,845	August-December, 2001

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
Within the City of Richland.							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
					Benton		
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO – IF NO, PROVIDE OWNER(S) NAME:							

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
2,574 acres within the City of Richland that receive residential irrigation water from Badger Mountain Irrigation District or Kennewick Irrigation District.							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
					Benton		
DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO – IF NO, PROVIDE OWNER(S) NAME:							

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

See Attachments B & B2

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?
☒ YES ☐ NO – IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): **See Attachment C**

6. Remarks and Other Relevant Information:

See Attachment D

IF FOR SEASONAL OR TEMPORARY, START DATE __08__/_01__/_01__ END DATE __12__/_31__/_01__

7. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.

<u>Nancy Delmire</u> (Applicant)	<u>07, 27, 01</u> (Date)
<u>Stan Clark, Public Works Dir.</u> (Water Right Holder)	<u>7, 27, 01</u> (Date)
<u>Stan Clark, Public Works Dir.</u> (Land Owner(s) of Existing Place of Use)	<u>7, 27, 01</u> (Date)

IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

- | | |
|---|---|
| <input type="checkbox"/> APPLICATION FEE NOT ENCLOSED | <input type="checkbox"/> MAP NOT INCLUDED or INCOMPLETE |
| <input type="checkbox"/> ADDITIONAL SIGNATURES REQUIRED | <input type="checkbox"/> SECTION _____ IS INCOMPLETE |
| <input type="checkbox"/> OTHER/EXPLANATION: _____ | |

STAFF: _____ DATE: ____/____/____